

Fill in this information to identify your case:

Debtor 1	Kevin Martin Hornsby	
	First Name	Middle Name
Debtor 2	Heidi Renee Hornsby	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Middle District of Florida		
Case number 6:16-bk-07148-CCJ (If known)		

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

## 1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street

When was the debt incurred? \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Type of PRIORITY unsecured claim:

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

Priority Creditor's Name

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Number Street

Type of PRIORITY unsecured claim:

City State ZIP Code

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

4.1	Nonpriority Creditor's Name	Total claim
	Grossman, Furlow and Bayo LLC	\$ 4,936.91
	2022-2 Raymond Diehl Road	
	Number Street	
	Tallahassee FL 32308	
	City State ZIP Code	
	Who incurred the debt? Check one.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.2	Nonpriority Creditor's Name	
	Number Street	
	City	State ZIP Code
	Who incurred the debt? Check one.	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4.3	Nonpriority Creditor's Name	
	Number Street	
	City	State ZIP Code
	Who incurred the debt? Check one.	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	
	\$ When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Legal Services	
	Last 4 digits of account number	
	\$ When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	
	Last 4 digits of account number	
	\$ When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	

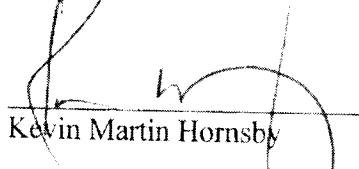
**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.  
Add the amounts for each type of unsecured claim.

		Total claim
<b>Total claims from Part 1</b>	<b>6a. Domestic support obligations</b>	6a. \$ 0.00
	<b>6b. Taxes and certain other debts you owe the government</b>	6b. \$ 0.00
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	6c. \$ 0.00
	<b>6d. Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00
	<b>6e. Total.</b> Add lines 6a through 6d.	6e. \$ 0.00

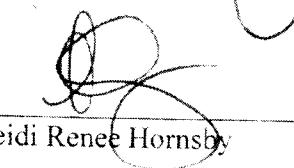
		Total claim
<b>Total claims from Part 2</b>	<b>6f. Student loans</b>	6f. \$ 0.00
	<b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ 0.00
	<b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ 0.00
	<b>6i. Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 4,936.91
	<b>6j. Total.</b> Add lines 6f through 6i.	6j. \$ 4,936.91

I declare under penalty of perjury that the attached Amended Schedule F is true and correct.

  
Kevin Martin Hornsby

1-27-17

Date

  
Heidi Renee Hornsby

1-27-17

Date

/s/ Carl L. Griffin

Date: 1-27-17

**Fill in this information to identify your case:**

Debtor 1 First Name	Kevin	Middle Name	Martin	Last Name	Hornsby
Debtor 2 (Spouse, if filing) First Name	Heidi	Middle Name	Renee	Last Name	Hornsby
United States Bankruptcy Court for the: Middle District of Florida					
Case number 6:16-bk-07148-CCJ (If known)					

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b>
		Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....		\$ 811,600.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....		\$ 0.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....		\$ 0.00

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b>
		Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....		\$ 1,600,000.00
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....		\$ 1,880,426.48
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....		+ \$ 20,889,474.58
		<b>Your total liabilities</b>
		\$ 24,369,901.06

**Part 3: Summarize Your Income and Expenses**

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....		\$ 1,600.00
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i> .....		\$ 1,934.00

Debtor 1 Kevin Martin Hornsby  
 First Name Middle Name Last Name

Case number (if known) 6:16-bk-07148-CCJ

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,600.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 1,880,426.48

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0.00

9d. Student loans. (Copy line 6f.)

\$ 17,000.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0.00

\$ 1,897,426.48

9g. Total. Add lines 9a through 9f.

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF FLORIDA  
ORLANDO, DIVISION

IN RE:

Kevin Martin Hornsby,  
Heidi Renee Hornsby,  
Debtors.

Case No.: 6:16-bk-07148-CCJ  
Chapter 7

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of Amended Schedule F and Meeting of Creditors were furnished by U.S. Mail/Electronic Filing to Grossman, Furlow and Bayo, LLC, 2022-2 Raymond Diehl Road, Tallahassee, FL 32308; Robert E. Thomas, Trustee, PO Box 5075, Winter Park, FL 32793-5075 and The United States Trustee, 400 West Washington Street, Orlando, FL 32801 this 30 day of January, 2017.

/S/ Carl L. Griffin  
CARL L. GRIFFIN, ESQUIRE  
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Orlando, FL 32806  
(407) 897-2275 Fax (407) 897-3238  
Florida Bar No. 888850  
Attorney for Debtors